



## Data Formats and Transmissions

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Data submission can be sent to FMS several ways. Putting agency data in an accepted format is the responsibility of the referring agency. DMS will work with you to assist you in putting your agency's data into an accepted format.

- Data submission may be done electronically, using the electronic format provided in this section. The referring agency should send disks or cartridges to:

Debt Management Servicing Center  
Universal Hi-Tech Development  
1383 Piccard Drive  
Rockville, MD 20850  
Attn: DMSC Project Manager

For information on using File Transfer Protocol (FTP), or on the electronic format contact the DMSC Systems Branch Manager, Jeffrey Schramek on 202-874-8527, or by email at [jeffrey.schramek@fms.sprint.com](mailto:jeffrey.schramek@fms.sprint.com). You may also address questions to UHD's DMSC Project Manager on 301-926-8000 or by e-mail at [mmanos@uhd.com](mailto:mmanos@uhd.com).

DMS asks agencies to submit a test file of 10-20 cases prior to submitting a full file. In addition, DMS needs your completed Agency Profile Form for the debts in the file being submitted so that DMS can provide you with the required agency code and program code.

- Data submission may be done manually, using the manual formats provided in this section. The completed forms should be sent to:

Financial Management Service  
Debt Management Services  
3700 East West Highway, Room 236C  
Hyattsville, MD 20782  
Attn: E. Jalloh  
(202) 874-8823

***All data submissions must be accompanied by an agency certification form (see Step 6)***

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# **ELECTRONIC FORMAT**

## DMSC File Formats

### General Instructions

1. Generate the file with records formatted as specified in the File Format that follows.
2. File formats are variable-length ASCII, with fields delimited by the vertical bar character ( | ), and records terminated by a standard CR. If using a Unix system, terminate records with CR + LF.
3. In every record, append a vertical bar delimiter ( | ) to every data field. If the value of any data field is null, the field must still be represented by a vertical bar (e.g.,...||... or | |).
4. Character fields may be left- or right-padded with blanks. For example, | Smith | is equivalent to |Smith|.
5. Numeric fields may be blank padded or left zero filled. For example, |001200.00 | is equivalent to |1200.00|.
6. For all fields, all-blanks is equivalent to null. That is, | | is equivalent to ||.
7. For numeric fields, zero is not equivalent to null. For example, if a field is mandatory and zero is a legal value, then || will be rejected but |0| will not. Conversely, if a field is optional, but zero is an illegal value, then |0| will be rejected but || will not.
8. All dates should be formatted as MMDDYYYY (e.g., 09181949 for September 18, 1949). Note that months 1-9 and days 1-9 must be left zero-padded. All-zeros is not a legal date.
9. Fields that have specified legal values are to be provided exactly as specified. The values read by the system in this situation are case sensitive.
10. All numeric data types, including dollar amounts, should be formatted without dollar signs or commas. Negative numbers, where legal, are indicated by a leading “minus” sign (-). Positive numbers should not have any “sign” symbol included.
11. Where a numeric length specification is a number followed by a comma and another number (e.g., 11, 2), you must insert an explicit decimal point; the first number indicates the total number of digits and the second number indicates the number of digits after the decimal point. For example, a numeric field specified as 11,2 has a maximum length of 12 characters: up to 9 before the decimal point, the decimal point, and two after the decimal point. In this case, any “minus” sign in the value would be included in the 9 characters before the decimal point (that is, there would be room for only 8 digits before the decimal point if the value is negative). Some examples follow:

Field Format	“Original” Numeric Value	Correct File Formatting
Numeric 11,2	\$15,500.20	15500.20
Numeric 11,2	-\$12,345,678.90	-12345678.90
Numeric 14,2	123,456,789,012.12	123456789012.12
Numeric 11,2	-\$123,456,789.00	doesn't fit!
Numeric 14,2	1,234,567,890,123.12	doesn't fit!

## Definition of Values within Columns of the File Format Table that follows

### Data Type:

- C = fixed length character (must be of specified length if not null)
- D = date
- N = numeric
- VC = variable length character (may be of any length up to specified length)

### Value Required?:

- Y = yes, required
- N = no, not required
- \* = conditional (explained in the Validation / Notes column)

## Note on Physical Transfer of Files

The standard method of transferring files to and from DMSC is through the DMSC FTP Service. This is a mailbox-type pickup/drop-off service using software encryption and FTP over the Internet. Use of this service is described in the *DMSC FTP User's Guide*.

Alternative methods of file transfer may be available depending on the periodicity of file transfer. These methods include mailing diskettes, email attachments with encryption, and Connect:Direct over a dedicated line connected to FMS. Contact your FMS representative for more information.

# ELECTRONIC CASE ENTRY FOR CROSS-SERVICING

## Instructions to the Agency

1. Generate the file with records formatted as specified in the Agency File Format that follows.
2. Provide one and only one Control Record as the first line in the file.
3. When calculating the Record Count for the Control Record, include the Control Record in the count.
4. Track the number of files transmitted to the DMSC and record this number in each Control Record (File Sequence Number). In circumstances where the entire transmission is rejected, increase the File Sequence Number when transmitting a replacement file.
5. All debts must have unique debt identifiers (Agency Debt ID).
6. Do not submit cases in foreclosure, as defined by the Treasury.
7. Do not submit cases that are in litigation, as defined by the Treasury.
8. Do not submit cases with a balance less than \$20.
9. Submit only those cases that have not been previously submitted to the DMSC.
10. All debtors must have unique debtor identifiers (Agency Debtor ID).
11. Do not submit any debtors that are in any stage of bankruptcy proceedings.
12. Do not submit debtors that are deceased.
13. If debtor records (Record Header 02 or 03) are duplicated within the file, only the first record encountered will be read into the DMSC. Additional debtor records may not be used to submit additional information for banks, phone numbers, addresses, etc. To the extent possible, avoid submitting duplicate debtor records.
14. For each debtor that owes a debt, include an 04 record in the file. This record links a debt (01 record) with a debtor (02 or 03 record).

### **Special Instructions for Collection Activity Records (Record Header = 05)**

For each case submitted, determine which of the five collection activities have been initiated. For example, if the case has been sent to a private collection agency and has had a judgment taken, then create two Collection Activity records (one for activity code PR1 and another for activity code JOB). If none of the collection activities have been initiated, do not submit any Collection Activity records.

If only the fact that the activity has been initiated is known and no additional information is available (for example, you know that the case has had a judgment taken, but do not know the date or amount of the judgment), you must provide a Collection Activity record for this case with information not known left null.

***For all fields where a value is required for a Cross Service debt, but not required for a Pass Thru debt, if a value is supplied for a Pass Thru debt, it will be ignored by the system. No problem will be encountered.***

## **Valid Codes:**

### **Administrative Debt Classification:**

EMA	Employee Advance
FEE	Fee
FIN	Fine
GRT	Grant
MSC	Miscellaneous Debt
OVP	Overpayment
PEN	Penalty

### **Association Code:**

1	Individual
2	Joint Contractual Liability
3	Authorized User*
4	Joint Account
5	Cosigner*
6	On-Behalf-Of*
7	Signer*

\* Not valid if the debtor is the primary debtor on the case.

### **Debtor Type:**

COR	Corporation
IND	Individual
JTV	Joint Venture
OTH	Other
PAR	Partnership
SLG	State/Local Government
SPR	Sole Proprietorship

**Relationship To Primary:**

OTH	Other - this debtor's relationship to the primary debtor is not included elsewhere in this list
OWN	Owner - this debtor owns the business that is the primary debtor
PAR	Parent - this debtor is the parent of the primary debtor
PRE	President - this debtor is the president of the business that is the primary debtor
SHL	Shareholder - this debtor is a shareholder of the business that is the primary debtor
SIB	Sibling - this debtor is the sibling of the primary debtor
SLF	Self - this is the primary debtor (Value must = SLF when debtor is the primary debtor)
SPS	Spouse - this debtor is the spouse of the primary debtor
VPR	Vice President - this debtor is the vice president of the business that is the primary debtor

**Type Of Business:**

B	Banks
E	Education
F	Finance
I	Insurance
K	Contractors
L	Lumber/Bldg Material/Hardwr
M	Medical and Related Health
N	Natl Credit Cards/Airlines
O	Oil Companies
P	Personal Services (Non-Med)
Q	Mail Order Houses
U	Utilities and Fuel
V	Government
Y	Collection Services
Z	Miscellaneous, Not Elsewhere Classified



**PCA (Private Collection Agency) Codes:**

ACS	Aman Collection Service, Inc.
DCS	Diversified Collection Services, Inc.
ECS	Education Credit Services
GCS	GC Services
HGB	Heard, Goggan, Blair & Williams
NCI	Nationwide Credit, Inc.
NCM	National Credit Management Corporation
NCO	NCOgroup, Inc.
PGA	Payco General American Credits, Inc.
UAA	Unger & Associates, Inc.
VRC	Van Ru Credit Corporation

Agency File Format							
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
<b>Control Record</b>							
1	Record Header	2	C	Y	Y	Indicates that this record contains control information.	00
2	Agency ID	9	C	Y	Y	Unique agency identifier - code assigned by DMS based on Agency Profile Form data.	
3	Debt Count	6	N	Y	Y	Total number of cases referred in this file.	> 0
4	Record Count	6	N	Y	Y	Total number of records in this file (all record types, including the Control Record).	> 0
5	Total Debt Amount	14, 2	N	Y	Y	The sum of the Referred Debt Balances for all cases referred in this file.	> 0.00
6	File Version Number	4	C	Y	Y	The version number of the Agency File Format being used by DMSC currently.	X1.0 for cross-servicing P1.0 for passthrough
7	File Sequence Number	6	N	Y	Y	Indicates that this is the <i>n</i> th file transmitted from the Agency to DMSC where $1 \leq n \leq 999,999$ .	Must be greater than the File Sequence Number of the previous transmission file.
8	Upper-case Indicator	1	C	N	N	Indicates whether or not the data in this file is in all-uppercase characters. <ul style="list-style-type: none"> <li>T = All-uppercase data. Certain data, such as debtor name and address, will be translated by the system to mixed-case.</li> <li>F = Mixed-case data. No translation will occur.</li> </ul>	T, F. If absent, assumed to be T (all upper-case data).
<b>Debt Information</b>							
1	Record Header	2	C	Y	Y	Indicates that this record contains debt information.	01
2	Originating Agency ID	9	C	Y	Y	Unique agency identifier - code assigned by DMS based on Agency Profile Form data.	
3	Reserved						Must be null.
4	Agency Debt ID	30	VC	Y	Y	Unique debt identifier used by the agency.	
5	Consumer/Commercial Debt	1	C	Y	Y	Indicates whether the debt was incurred for consumer (C) or commercial (M) purposes.	C, M May not be "C" (consumer) if the primary debtor for this debt is a business.
6	Secured/Unsecured Debt	1	C	Y	N	Indicates whether the debt is secured with any collateral or not. Value = "S" for Secured; "U" for Unsecured.	S, U

Agency File Format								
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req' d?	Cross Service	Pass Thru	Description	Validation
7	Debt Type	1	C	Y		N	Indicates the type of debt. Value = "A" for Administrative Debt ; "L" for Loan.	A, L
8	Administrative Debt Classification	3	C	*		N	Classification of the debt for Credit Bureau reporting purposes.	* Required when Debt Type is A. Must be null when Debt Type is L. See Instructions to the Agency, Valid Codes, Administrative Debt Classification section.
9	Program Code	6	VC	Y		N	Agency/Bureau-specific Program - code assigned by DMS based on Agency Profile Form data.	
10	Delinquency Date	8	D	Y		Y	Date the debt became delinquent.	< system date Must be less than 180 days old for passthrough
11	Original Amount Of Debt	11, 2	N	Y		N	Amount of the original loan or administrative debt.	> 0.00
12	Original Award Date	8	D	N		N	Date of the original loan or administrative debt.	< system date
13	Referred Principal	11, 2	N	Y		Y	Amount of the debt principal at time of referral to DMSC.	>= 0.00
14	Referred Financing Interest	11, 2	N	Y		Y	Amount of financing interest accumulated at time of referral to DMSC.	>= 0.00
15	Referred Additional Interest	11, 2	N	Y		Y	Amount of additional interest or late charges accumulated at time of referral to DMSC.	>= 0.00
16	Referred Administrative Costs	11, 2	N	Y		Y	Amount of administrative costs accumulated at time of referral to DMSC.	>= 0.00
17	Referred Penalty	11, 2	N	Y		Y	Amount of penalty accumulated at time of referral to DMSC.	>= 0.00
18	Referred Debt Balance	11, 2	N	Y		Y	Total amount of the debt at time of referral to DMSC.	>= 20.00 for cross-servicing >= 100.00 for passthrough This value must equal the sum of the above debt components (fields 13 through 17).
19	Financing Interest Rate	4, 2	N	N		N	Interest rate charged on the debt - if Financing Interest is being charged.	Must be null if Additional Interest Rate is not null.
20	Additional Interest Rate	4, 2	N	N		N	Interest rate charged on the debt - if Additional Interest/Late Charge is being charged.	Must be null if Financing Interest Rate is not null.
21	Interest Calculation Date	8	D	Y		N	Date of the last interest calculation.	<= system date

**Agency File Format**

Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req' d? Cross Service	Pass Thru	Description	Validation
<b>Individual Debtor Information</b>							
1	Record Header	2	C	Y	Y	Indicates that this record contains individual debtor information.	02
2	Agency Debtor ID	14	VC	Y	Y	Unique debtor identifier used by the agency.	
3	TIN	9	C	N	N	Debtor' s Taxpayer Identification Number (Social Security number).	Must be digits.
4	Attorney Name	60	VC	N	N	Debtor's attorney' s name.	
5	First Name	15	VC	Y	Y	Debtor' s first name.	
6	Middle Initial	1	C	N	N	Debtor' s middle initial.	
7	Last Name	35	VC	Y	Y	Debtor' s last name.	
8	Generation	3	VC	N	N	Indicates the debtor' s familial generation.	Jr., Sr., I, II, III, IV, V
9	Gender	1	C	N	N	Debtor' s gender.	M, F, U (unknown)
10	Date Of Birth	8	D	N	N	Debtor' s date of birth.	< system date
11	Fed Civilian Employee	1	C	N	N	Indicates whether the debtor is an active (A) or retired (R) federal employee or neither (N).	A, R, N
12	Fed Military Employee	1	C	N	N	Indicates whether the debtor is an active (A) or retired (R) military employee or neither (N).	A, R, N
13	Alias Type	3	C	N	N	Indicates whether the debtor is Also Known As (AKA), Formerly Known As (FKA), or Doing Business As (DBA) the alias name supplied in fields 14 through 17.	AKA, FKA, DBA
14	Alias First Name	15	VC	N	N	Debtor' s alias first name.	
15	Alias Middle Initial	1	C	N	N	Debtor' s alias middle initial.	
16	Alias Last Name	60	VC	N	N	Debtor' salias last name.	
17	Alias Generation	3	VC	N	N	Indicates the debtor' salias familial generation.	Jr., Sr., I, II, III, IV, V
18	Address Line 1	40	VC	Y	Y	First line of the debtor's primary address.	
19	Address Line 2	40	VC	N	N	Second line of the debtor's primary address.	
20	City	15	VC	Y	Y	City of the debtor' s primary address.	
21	State	2	C	Y	Y	State of the debtor' s primary address.	Standard USPS code.
22	Zip Code	5	C	Y	Y	Zip code of the debtor' s primary address.	Must be digits.
23	Zip Code Extension	4	C	N	N	Zip code extension of the debtor' s primary address.	Must be digits.
24	Area Code	3	C	N	N	Debtor's home phone area code.	Must be digits.
25	Phone Number	7	C	N	N	Debtor's home phone number.	Must be digits.
26	Phone Extension	4	C	N	N	Debtor's home phone extension.	Must be digits.

**Agency File Format**

Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
27	Bank Name	30	VC	N	N	Debtor' s bank' s name.	
28	Bank Address Line 1	40	VC	N	N	First line of the debtor' s bank' s address.	
29	Bank Address Line 2	40	VC	N	N	Second line of the debtor' s bank' s address.	
30	Bank City	15	VC	N	N	City of the debtor' s bank' s address.	
31	Bank State	2	C	N	N	State of the debtor' s bank' s address.	Standard USPS code.
32	Bank Zip Code	5	C	N	N	Zip code of the debtor' s bank' s address.	Must be digits.
33	Bank Zip Code Extension	4	VC	N	N	Zip code extension of the debtor' s bank' s address.	Must be digits.
34	1st Account Number	16	VC	N	N	Debtor' sbank account number.	
35	1st Account Type	3	C	N	N	Identifies the debtor' s bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
36	2nd Account Number	16	VC	N	N	Debtor' sbank account number.	
37	2nd Account Type	3	C	N	N	Identifies the debtor' s bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
38	3rd Account Number	16	VC	N	N	Debtor' sbank account number.	
39	3rd Account Type	3	C	N	N	Identifies the debtor' s bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
40	Property Type	1	C	N	N	Indicates whether the debtor' s property listed in the next field is either real (R) or personal (P).	R, P
41	Property Description	200	VC	N	N	Free-format description of the debtor' s property.	
42	Employer Name	60	VC	N	N	Debtor' s employer' s name.	
43	Employer Address Line 1	40	VC	N	N	First line of the debtor' s work address.	
44	Employer Address Line 2	40	VC	N	N	Second line of the debtor' s work address.	
45	Employer City	15	VC	N	N	City of the debtor' s work address.	
46	Employer State	2	C	N	N	State of the debtor' s work address.	Standard USPS code.
47	Employer Zip Code	5	C	N	N	Zip code of the debtor' s work address.	Must be digits.
48	Employer Zip Code Extension	4	C	N	N	Zip code extension of the debtor' s work address.	Must be digits.
49	Employment Area Code	3	C	N	N	Debtor's work phone area code.	Must be digits.
50	Employment Phone Number	7	C	N	N	Debtor's work phone number.	Must be digits.
51	Employment Phone Extension	4	VC	N	N	Debtor's work phone extension.	Must be digits.
52	Job Title	20	VC	N	N	Debtor' s job title.	
53	Salary	11, 2	N	N	N	Debtor' s salary figure.	

Agency File Format							
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
54	Salary Cycle	1	C	N	N	Indicates the debtor's salary figure periodicity - Weekly (W), Bi-Weekly (B), Monthly (M), Annually (A), or Other (O).	W, B, M, A, O
55	Gross or Net	1	C	N	N	Indicates whether the debtor's salary figure is gross (G) or net (N).	G, N
<b>Business Debtor Information</b>							
1	Record Header	2	C	Y	Y	Indicates that this record contains business debtor information.	03
2	Agency Debtor ID	14	VC	Y	Y	Unique debtor identifier used by the agency.	
3	TIN	9	C	N	N	Business' Taxpayer Identification Number (Social Security number or Employer Identification number).	Must be digits.
4	TIN Type	3	C	*	*	Indicates whether the TIN above is an Employer Identification number (EIN) or a Social Security number (SSN).	* Required if TIN is not null. Must be null if TIN is null. EIN, SSN
5	Debtor Type	3	C	Y	N	Indicates which of the pre-defined debtor types this business is.	See Instructions to the Agency, Valid Codes, Debtor Type section.
6	Attorney Name	60	VC	N	N	Business' attorney name.	
7	Type Of Business	1	C	N	N	Indicates the business' industry.	See Instructions to the Agency, Valid Codes, Type Of Business section.
8	Business Name	60	VC	Y	Y		
9	Date of Incorporation	8	D	N	N	Date the business was incorporated.	< system date
10	State of Incorporation	2	C	N	N	State in which the business was incorporated.	Standard USPS code.
11	Business Contact Name	60	VC	N	N	Name of the person at the business to contact regarding the debt.	
12	Agent Name	60	VC	N	N	Name of the person who or business which is authorized to accept service of legal documents on behalf of the business.	
13	DUNS Number	9	VC	N	N	Business identifier assigned by Dun & Bradstreet.	
14	Alias Type	3	C	N	N	Indicates whether the business is Also Known As (AKA), Formerly Known As (FKA ), or Doing Business As (DBA) the alias name supplied in field 17.	AKA, FKA, DBA
15	Reserved			N	N		Must be null.
16	Reserved			N	N		Must be null.

**Agency File Format**

Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd? Cross Service	Pass Thru	Description	Validation
17	Alias Business Name	60	VC	N	N	Business' alias name.	
18	Reserved			N	N		Must be null.
19	Address Line 1	40	VC	Y	Y	First line of business' primary address.	
20	Address Line 2	40	VC	N	N	Second line of the business' primary address.	
21	City	15	VC	Y	Y	City of the business' primary address.	
22	State	2	C	Y	Y	State of the business' primary address.	Standard USPS code.
23	Zip Code	5	C	Y	Y	Zip code of the business' primary address.	Must be digits.
24	Zip Code Extension	4	C	N	N	Zip code extension of the business' primary address.	Must be digits.
25	Area Code	3	C	N	N	Business' phone area code.	Must be digits.
26	Phone Number	7	C	N	N	Business' phone number.	Must be digits.
27	Phone Extension	4	VC	N	N	Business' phone extension.	Must be digits.
28	Bank Name	30	VC	N	N	Business' bank' s name.	
29	Bank Address Line 1	40	VC	N	N	First line of the business' bank' s address.	
30	Bank Address Line 2	40	VC	N	N	Second line of the business' bank' s address.	
31	Bank City	15	VC	N	N	City of the business' bank' s address.	
32	Bank State	2	C	N	N	State of the business' bank' s address.	Standard USPS code.
33	Bank Zip Code	5	C	N	N	Zip code of the business' bank' s address.	Must be digits.
34	Bank Zip Code Extension	4	C	N	N	Zip code extension of the business' bank' s address.	Must be digits.
35	1st Account Number	16	VC	N	N	Business' bank account number.	
36	1st Account Type	3	C	N	N	Identifies the business' bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
37	2nd Account Number	16	VC	N	N	Business' bank account number.	
38	2nd Account Type	3	C	N	N	Identifies the business' bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
39	3rd Account Number	16	VC	N	N	Business' bank account number.	
40	3rd Account Type	3	C	N	N	Identifies the business' bank account as either a primary checking (CK1), savings (SV1), or money market (MM1) account.	CK1, SV1, MM1
41	Property Type	1	C	N	N	Indicates whether the business' property listed in the next field is either real (R) or personal (P).	R, P
42	Property Description	200	VC	N	N	Free-format description of the business' property.	

**Debt-Debtor Information**

Agency File Format							
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Cross Service	Req' d? Pass Thru	Description	Validation
1	Record Header	2	C	Y	Y	Indicates that this record contains debt-debtor relation information.	04
2	Agency Debt ID	30	VC	Y	Y	Unique debt identifier used by the agency.	
3	Agency Debtor ID	14	VC	Y	Y	Unique debtor identifier used by the agency.	
4	Is Primary Debtor	1	C	Y	Y	Indicates whether this debtor is the primary debtor on this debt.	T, F
5	Relationship To Primary	3	VC	N	N	Indicates this debtor's relationship to the primary debtor on this debt.	See Instructions to the Agency, Valid Codes, Relationship To Primary section.
6	Association Code	1	C	N	N	Indicates this debtor's type of participation with this debt.	See Instructions to the Agency, Valid Codes, Association Code section.
7	Percent Liability	3	N	N	N	Indicates this debtor's percentage of liability for this debt.	>= 0 and <= 100
8	Date Reported to Credit Bureaus	8	D	N	N	The most recent date that this debtor was reported to the credit bureaus for this debt.	<= system date

**Collection Activity Information (See Special Instructions on page 2 of this document)**

**If the debt has been referred to the first collection agency, then provide the following record:**

1	Record Header	2	C	Y	Y	Indicates that this record contains collection activity information.	05
2	Agency Debt ID	30	VC	Y	Y	Unique debt identifier used by the agency.	
3	Reserved						Must be null.
4	Activity Code	3	C	Y	Y	Code used by DMSC to identify the first private collection agency referral.	PR1
5	PCA1 Referred Date	8	D	N	N	Date the debt was referred to the first private collection agency.	< system date
6	PCA1 Amount Referred	11, 2	N	N	N	Amount referred to the first private collection agency.	> 0.00
7	PCA1 Name	30	VC	N	N	First private collection agency name.	Use of the attached 3-character PCA codes is preferred, but not required.

**If the debt has been referred to the second collection agency, then provide the following record:**

1	Record Header	2	C	Y	Y	Indicates that this record contains collection activity information.	05
2	Agency Debt ID	30	VC	Y	Y	Unique debt identifier used by the agency.	



Agency File Format								
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd?	Cross Service	Pass Thru	Description	Validation
3	Reserved							Must be null.
4	Activity Code	3	C	Y	Y		Code used by DMSC to identify the second private collection agency referral.	PR2
5	PCA2 Referred Date	8	D	N	N		Date the debt was referred to the second private collection agency.	< system date
6	PCA2 Amount Referred	11, 2	N	N	N		Amount referred to the second private collection agency.	> 0.00
7	PCA2 Name	30	VC	N	N		Second private collection agency name.	Use of the attached 3-character PCA codes is preferred, but not required.
If the debt has had a judgment taken, then provide the following record:								
1	Record Header	2	C	Y	N/A		Indicates that this record contains collection activity information.	05
2	Agency Debt ID	30	VC	Y	N/A		Unique debt identifier used by the agency.	
3	Reserved							Must be null.
4	Activity Code	3	C	Y	N/A		Code used by DMSC to identify the judgment.	JOB
5	Judgment Date	8	D	Y	N/A		Date of the judgment.	< system date
6	Judgment Amount	11, 2	N	N	N/A		Amount of the judgment.	> 0.00
7	Judgment Type	12	VC	N	N/A		Type of the judgment.	Default, Consent, Summary, Other
If the debt has been written-off of the agency's receivables ledger, then provide the following record:								
1	Record Header	2	C	Y	N/A		Indicates that this record contains collection activity information.	05
2	Agency Debt ID	30	VC	Y	N/A		Unique debt identifier used by the agency.	
3	Reserved							Must be null.
4	Activity Code	3	C	Y	N/A		Code used by DMSC to identify the debt as written-off by the agency.	AWC
5	Date Written Off	8	D	N	N/A		Date that the agency removed the debt from the agency's receivables ledger.	< system date
6	Amount Written Off	11, 2	N	N	N/A		Amount that the agency removed from the agency's receivables ledger.	> 0.00
7	Reserved							Must be null.
If the debtor has made payments, then provide the following record containing information about the last payment:								
1	Record Header	2	C	Y	N/A		Indicates that this record contains collection activity information.	05

Agency File Format								
Field #	Field Name	Length (fixed or maximum)	Data Type	Value Req'd?	Cross Service	Pass Thru	Description	Validation
2	Agency Debt ID	30	VC	Y		N/A	Unique debt identifier used by the agency.	
3	Agency Debtor ID	14	VC	N		N/A	Unique debtor identifier used by the agency.	
4	Activity Code	3	C	Y		N/A	Code used by DMSC to identify the activity as a payment.	PAY
5	Last Payment Date	8	D	N		N/A	Date of this debtor's last payment on this debt.	< system date
6	Last Payment Amount	11, 2	N	N		N/A	Amount of this debtor's last payment on this debt.	> 0.00
7	Payment Receipt Location	6	C	N		N/A	Identifies the recipient of this debtor's last payment on this debt.	AGENCY

## DMS to Cross-Servicing Agency (DTX) File Formats

<i>DTX OPAC File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
<b>Header Record</b>						
1	Record Type	1	C	Y	Indicates the record format.	O (OPAC)
2	Transmission Date	8	D	Y	File transmission date.	Format MMDDYYYY. Will not be a future date.
3	Agency ID	9	VC	Y	Identifies the agency to which the file is being sent.	Value to be assigned to the agency by DMS.
<b>Transaction Record</b>						
1	Record Type	1	C	Y	Indicates the record format.	T (Transaction).
2	Referring Agency Debt ID	30	VC	Y	Debt identifier used by the referring agency.	
3	Referring Agency Debtor ID	14	VC	*	Debtor identifier used by the referring agency.	* Required if the transaction is debtor-specific. If the transaction applies to all debtors on the debt, this field will be null. This debtor will be a valid debtor on this debt.
4	DMS Debt ID	9	C	Y	Debt identifier assigned by the DMS system.	
5	Last or Business Name	60	VC	*	Last or business name of the debtor associated with the transaction.	* Required if the transaction is debtor-specific. If the debtor is an individual: contains the debtor's last name with, if available, a comma, a space and up to a 3-character generation value (Jr., Sr., I, II, III, IV, V).
6	First Name	15	VC	*	First name of the debtor associated with the transaction.	* Required if the transaction is debtor-specific and the debtor is an individual. Otherwise, the field will be null.
7	Middle Initial	1	C	N	Middle initial of the debtor associated with the transaction.	
8	Taxpayer Identification Number	9	N	N	Taxpayer Identification Number (SSN or EIN) of the debtor associated with the transaction.	
9	Program Code	6	VC	Y	DMS-assigned Program Code applicable to this debt.	
10	Transaction Origin	6	VC	Y	Identifies the source of the transaction	AGENCY (Collection by agency), DMSC (Collection via DMS' lockbox), PCA (Collection via PCA's lockbox), TOP (Collection from Treasury's Offset Program), DOJ (Collection by Dept. of Justice)

## DMS to Cross-Servicing Agency (DTX) File Formats

<i>DTX OPAC File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
11	Transaction Type	3	VC	Y	Identifies the transaction type	PAY (Payment) OFF (Offset) RP (Reverse Payment) ADJ (Adjustment) FEE (Fee Notification - for agency payments/reversals)
12	Transaction Date	8	D	Y	Effective date of the transaction.	Format MMDDYYYY. Will not be a future date.
13	Transaction Amount	11,2	N	Y	Total amount of the transaction.	For agency payments, this field will be zero
14	Fee Deduction	11,2	N	Y	Amount of fees deducted from transaction.	Will equal the sum of Charged DMS Fees, Charged PCA Fees, Charged TOP Fees, and Charged DOJ Fees.
15	Net Transfer	11,2	N	Y	Net amount transferred.	Will equal Transaction Amount minus Fee Deduction
16	Applied Principal	11,2	N	Y	Amount applied to principal.	If Transaction Type = FEE, this field will be zero.
17	Applied Interest	11,2	N	Y	Amount applied to interest.	If Transaction Type = FEE, this field will be zero.
18	Applied Penalty	11,2	N	Y	Amount applied to penalty.	If Transaction Type = FEE, this field will be zero.
19	Applied Admin Costs	11,2	N	Y	Amount applied to admin costs.	If Transaction Type = FEE, this field will be zero.
20	Applied Overage	11,2	N	Y	Amount applied to overage.	If Transaction Type = FEE, this field will be zero.
21	Applied DMS Fees	11,2	N	Y	Amount applied to DMS fees.	If Transaction Type = FEE, this field will be zero. If Transaction Type <> FEE, this field will be zero when DMS fees may not be charged to the debtor
22	Applied PCA Fees	11,2	N	Y	Amount applied to PCA fees.	If Transaction Type = FEE, this field will be zero. If Transaction Type <> FEE, this field will be zero when PCA fees may not be charged to the debtor
23	Applied TOP Fees	11,2	N	Y	Amount applied to TOP fees.	If Transaction Type = FEE, this field will be zero.
24	Applied DOJ Fees	11,2	N	Y	Amount applied to DOJ fees.	If Transaction Type = FEE, this field will be zero.
25	Charged DMS Fees	11,2	N	Y	DMS fees charged to the referring agency.	
26	Charged PCA Fees	11,2	N	Y	PCA fees charged to the referring agency.	
27	Charged TOP Fees	11,2	N	Y	TOP fees charged to the referring agency.	
28	Charged DOJ Fees	11,2	N	Y	DOJ fees charged to the referring agency.	
29	OPAC Date	8	D	Y	Date that this transaction was OPACed	Format MMDDYYYY. Will not be a future date.
30	OPAC Reference Number	10	VC	*	Reference number unique to this OPAC report	* Null for now. Will be a required field in the future.

## DMS to Cross-Servicing Agency (DTX) File Formats

<i>DTX OPAC File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
31	Agency Transaction ID	15	VC	*	Transaction identifier used by the referring agency.	* Will be present if transaction type is Fee Notification and the referring agency trans ID is available.
32	Agency Reversed Transaction ID	15	VC	*	Agency transaction identifier of the transaction being reversed.	* Will be present if transaction type is Fee Notification and original transaction was an agency reversal and the agency reversed trans ID is available.
33	DMS Transaction ID	15	VC	Y	Transaction identifier used by DMS.	
34	DMS Reversed Transaction ID	15	VC	*	DMS transaction identifier of the transaction being reversed.	* Will be present if transaction type is Reversed Payment
<b>Trailer Record</b>						
1	Record Type	1	C	Y	Indicates the record format.	Z (Trailer).
2	Total Record Count	5	N	Y	Total number of Records in the file, not counting the Header and Trailer Records.	Will be >= 0.
3	Total Transaction Amount	17,2	N	Y	Total Transaction Amount for all records (where Type = T) in the file	
4	Total Fee Deduction Amount	17,2	N	Y	Total Fee Deduction amount for all records (where Type = T) in the file	
5	Total Amount Transferred	17,2	N	Y	Total Net Transfer amount for all records (where Type = T) in the file	

## Cross-Service Agency to DMS (XTD) File Formats

<i>XTD Update File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
<b>Header Record</b>						
1	Record Type	1	C	Y	Indicates the record format.	U (Update).
2	Transmission Date	8	D	Y	File transmission date.	Format MMDDYYYY. Must not be a future date.
3	Agency ID	9	VC	Y	Identifies the agency that sent the file to DMS.	Must be a valid value in the Agency reference table.
<b>Financial Record</b>						
1	Record Type	1	C	Y	Indicates the record format.	F (Financial).
2	Referring Agency Debt ID	30	VC	Y	Debt identifier used by the referring agency.	
3	Referring Agency Debtor ID	14	VC	*	Debtor identifier used by the referring agency.	* Required if the transaction is debtor-specific. If the transaction applies to all debtors on the debt, this field must be null. This debtor must be a valid debtor on this debt.
4	Last or Business Name	60	VC	N	Debtor's last or business name.	If the debtor is an individual, contains the debtor's last name followed by, if available, a comma, a space and up to a 3-character generation value (Jr., Sr., I, II, III, IV, V).
5	First Name	15	VC	N	Debtor's first name.	Only to be used if the transaction is debtor-specific and the debtor is an individual. Otherwise, the field must be null.
6	Middle Initial	1	C	N	Debtor's middle initial.	Only to be used if the transaction is debtor-specific and the debtor is an individual. Otherwise, the field must be null.
7	Transaction Type	3	VC	Y	Identifies the type of financial transaction.	PAY (Payment) RP (Reverse Payment) ADJ (Adjustment)
8	Transaction Date	8	D	Y	Date of the transaction.	Format MMDDYYYY. Must not be a future date.
9	Transaction Amount	11,2	N	Y	Total amount of the transaction.	o Payments must be > 0. o Reverse payments must be < 0. o Adjustments < 0 will increase the debt balance. o Adjustments > 0 will decrease the debt balance. o Adjustments may not be 0.

## Cross-Service Agency to DMS (XTD) File Formats

<i>XTD Update File</i>						
Field #	Data Element	Length (max)	Data Type	Req	Description	Valid Values / Validations / Notes
10	Transaction ID	15	VC	Y	Transaction identifier used by the referring agency.	Must be a unique identifier within the debt (ie, unique for Referring Agency Debt ID)
11	Reversed Transaction ID	15	VC	*	Agency transaction identifier of the transaction being reversed	* Required if transaction type is "RP". Otherwise the field must be null. Must correspond to a previously sent transaction of type "PAY".
<b>Trailer Record</b>						
1	Record Type	1	C	Y	Indicates the record format.	Z (Trailer).
2	Financial Record Count	5	N	Y	Number of Financial Records in the file.	Must be >= 0.
3	Unused					Leave null.
4	Unused					Leave null.
5	Total Record Count	5	N	Y	Total number of Records in the file, not counting the Header and Trailer Records.	Must be >= 0.



## **MANUAL FORMAT**



## Manual Debt/ Debtor Referral Forms

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### DEBT INFORMATION FORM INSTRUCTIONS

*Note: All data submissions must be accompanied by a signed and dated agency certification form. Manual debt referrals are not recommended for large volumes. Items marked with an (\*) indicate mandatory information that must be completed for each form.*

**AGENCY\***: Enter name of agency or bureau referring the debt. The name should be the same as that entered on the Agency Profile Form (APF).

**AGENCY DEBT NUMBER\***: Enter referring agency number which can be a combination of alpha and numeric characters with a maximum field up to 40 characters.

**DEBT DESCRIPTION\***: Select either consumer ( a personal activity) or commercial (a business activity regardless of whether that activity has been undertaken by a individual or business).

**DEBT SECURITY\***: Select either secured or unsecured. Security is something given/pledged to guarantee the repayment of a loan or the fulfillment of an obligation.

**DEBT TYPE\***: Select loan if money was supplied on credit and skip to Program name entry. Select administrative if other debt type applies and identify below.

**ADMINISTRATIVE CLASSIFICATION\***: If administrative is applicable for debt type, select only one of the following types of debt: grant, overpayment, fine, penalty, fee, employee advance or miscellaneous debt.

**PROGRAM\***: Identify agency program name under which the debt arose. The name should be the same as that entered on the Agency Profile Form (APF). Each program should have an APF completed and submitted to FMS.

**DATE OF DELINQUENCY\***: Enter date debt became delinquent (as determined by each agency) in DD/MM/YY format.

**ORIGINAL VALUE OF DEBT\***: Enter dollar amount of debt which should be the original principal amount.

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## Manual Debt/ Debtor Referral Forms

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### **BALANCE AT TIME OF REFERRAL TO THE DMSC:**

Enter applicable dollar amounts of the debt up to two decimal points.

**PRINCIPAL\*:** Enter dollar amount owed by the debtor to the government, excluding interest, penalties, administrative costs, fees and prepaid charges.

**FINANCING INTEREST\*:** Enter applicable dollar amount of interest and late charges associated with the debt only if it is for a loan.

**ADDITIONAL INTEREST (LATE CHARGE)\*:** Enter applicable dollar amounts accrued and assessed on a delinquent debt for all other types of debt. An agency can not charge both financing and late interest. Either financing or additional interest should be entered, not both.

**ADMINISTRATIVE COST\*:** Enter dollar amount of costs incurred in processing and handling a delinquent debt. Costs should be accrued and assessed from the date of delinquency.

**PENALTY\*:** Enter applicable dollar amount of punitive charge assessed for delinquent debts assessed from the date of delinquency.

**TOTAL\*:** Enter applicable total dollar amounts that represent the sum of the principal, financing interest, additional interest, administrative cost and penalty associated with the debt.

**The following items are needed but are not mandatory for data submission. However, if interest applies the items are mandatory.**

**TYPE OF INTEREST RATE:** Select either financing interest or additional late charge assessed as a cost of extending credit as distinguished from late payment interest charged on a delinquent debt.

**INTEREST RATE:** Enter percentage rate using two decimal points. Do not enter fractions (example 6.25% not 6 1/4 %).

**DATE OF LAST INTEREST CALCULATION:** Enter date, DD/MM/YY, interest was last calculated.

### **HAS DEBT BEEN REFERRED TO PRIVATE COLLECTION AGENCY FOR 1ST REFERRAL :**

Select yes if debt has been referred to a private collection agency by your agency. Select no if it has not been referred.

## Manual Debt/ Debtor Referral Forms

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### **HAS DEBT BEEN REFERRED TO PRIVATE COLLECTION AGENCY FOR 2ND REFERRAL:**

Select yes if the debt has been referred to a second private collection agency by your agency or no if it has not been.

**IS DEBT IN JUDGMENT:** Select yes if the debt has been through judgment proceedings, select no if it has not.

(If yes to any of the above, please complete Additional Debt Information form)

**CONTACT FOR DEBT INQUIRIES:** Enter the name of the key point of contact within the referring organization who can respond to questions about the debt.

**CONTACT PHONE NUMBER:** Enter the phone and fax number of the key point of contact. Include E-mail address if available.

**ADDITIONAL INFORMATION:** If additional information is available, there are supplemental forms available for each of the Debt and Debtor information forms. An agency may also provide additional information or documentation to aid in the collection process, such as tax returns, financial statements and debt history.

## Manual Debt/ Debtor Referral Forms

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### INDIVIDUAL DEBTOR FORM INSTRUCTIONS

*Note: All data submissions must be accompanied by a Debt Information Form with an Individual Debtor form and or a Company/State or Local Government Debtor form. Items marked with an (\*) indicate mandatory information.*

**ASSOCIATED AGENCY DEBT NUMBER**: Enter referring agency number which should be the same as on the Debt Information Form.

**TIN**: Enter Taxpayer Identification Number e.g., Social Security Number or Employee Identification Number. If provided case can be referred to the Treasury Offset Program.

**LAST NAME\***: Enter last name of debtor.

**FIRST NAME\***: Enter first name of debtor.

**MIDDLE INITIAL**: Enter middle initial of debtor.

**GENERATION**: Select one if applicable.

**GENDER**: Select one.

**AKA / FKA/ DBA**: Enter applicable alias names by which the debtor may be known; Also Known As, Formerly Known As, Doing Business As.

**ADDRESS LINE 1\***: Enter last known address of debtor.

**ADDRESS LINE 2**: Continuation of last known address.

**CITY\***: Enter last known city.

**STATE\***: Enter last known state.

**PHONE**: Enter last known telephone number of debtor.

**PRIMARY DEBTOR\***: Select yes, if the debtor is the person or entity who is liable for a debt.

## Manual Debt/ Debtor Referral Forms

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**ANY GUARANTORS/CO-SIGNERS ETC\***: Select yes, if the guarantor or co-signer is a person liable for a fixed or unlimited amount of debt owed by a third party to a particular creditor. Submit a separate Debtor Information Form for each additional responsible party.

**DATE OF BIRTH:** Enter date in DD/MM/YY format.

**DATE OF DEATH:** Enter applicable date in DD/MM/YY format.

**DEBTOR IN BANKRUPTCY:** Select yes or no.

**DATE OF BANKRUPTCY:** Enter applicable date in DD/MM/YY format.

**BANKRUPTCY TITLE:** Select one.

**DATE OF LAST CONTACT WITH DEBTOR:** Enter date in DD/MM/YY format.

**DATE OF LAST DEMAND LETTER:** Enter applicable date, DD/MM/YY.

**DEBTOR RESPONSE:** Enter applicable response and date.

## Manual Debt/ Debtor Referral Forms

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### COMPANY/STATE OR LOCAL GOVERNMENT DEBTOR INSTRUCTIONS

*Note: All data submissions must be accompanied by a Debt Information Form with a Individual Debtor form and or a Company/State or Local Government Debtor form. Items marked with an (\*) indicate mandatory information.*

**ASSOCIATED AGENCY DEBT NUMBER:** Enter referring agency number which should be the same number on the Debt Information Form.

**TIN:** Enter taxpayer identification number.

**COMPANY NAME\*:** Enter name.

**COMPANY CONTACT:** Enter contact name for company referred.

**AKA / DBA/FKA:** Enter applicable alias names (AKA- Also Known As, DBA - Doing Business As, FKA- Formerly Known As).

**ADDRESS LINE 1\*:** Enter last known address.

**ADDRESS LINE 2:** Continuation of last known address.

**CITY\*:** Enter last known city.

**STATE\*:** Enter last known state.

**ZIP CODE\*:** Enter last known zip code (nine digit preferred, but optional).

**PHONE:** Enter last known telephone number of debtor or company.

**DEBTOR TYPE\*:** Select one.

**PRIMARY DEBTOR\*:** Select yes, if the debtor is the person or entity who is liable for a debt.

## Manual Debt/ Debtor Referral Forms

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**ANY GUARANTORS / CO -SIGNERS ETC.\*:** Select yes, if the guarantor or co-signer is any person liable for a fixed or unlimited amount of debt owed by a third party to a particular creditor. Submit a separate Debtor Information Form for each responsible party.

**DEBTOR IN BANKRUPTCY:** Select one

**DATE OF BANKRUPTCY:** Enter applicable date.

**BANKRUPTCY TITLE:** Select one if applicable.

**DATE OF LAST CONTACT WITH DEBTOR:** Enter date if known.

**DATE OF LAST DEMAND LETTER:** Enter applicable date.

**DEBTOR RESPONSE:** Enter applicable response and date.

## Manual Debt/ Debtor Referral Forms

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### Debtor Information: Individual Debtor

(Please complete one form for each debtor on debt)

Associated Agency Debt Number \_\_\_\_\_

TIN \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Generation: Jr. Sr. I II III IV V (Circle 1)

Gender: Male Female Unknown (Circle 1)

AKA / FKA / DBA \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Primary Debtor? Yes No (Assumes Yes)

Any guarantors/co-signers etc.? Yes No (Assumes No)

Please submit a separate Debtor Information Form for each additional responsible party

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Debtor in Bankruptcy? Yes No (Circle 1)

Date of Bankruptcy \_\_\_\_\_

Bankruptcy Title: 7 11 12 13 Unidentified (Circle 1)

Date of last contact with debtor \_\_\_\_\_

Date of last demand letter \_\_\_\_\_

Debtor Response: \_\_\_\_\_ No Response

\_\_\_\_\_ Debt disputed Date: \_\_\_\_\_

\_\_\_\_\_ Debt acknowledged Date: \_\_\_\_\_



**Debtor Information: Company/ State or Local Government Debtor**

(Please complete one form for each debtor on debt)

Associated Agency Debt Number \_\_\_\_\_

TIN \_\_\_\_\_

**Company Name** \_\_\_\_\_

Company Contact \_\_\_\_\_

AKA / DBA

\_\_\_\_\_

\_\_\_\_\_

**Address Line 1** \_\_\_\_\_

Address Line 2 \_\_\_\_\_

**City** \_\_\_\_\_**State** \_\_\_\_\_**Zip Code** \_\_\_\_\_

Phone \_\_\_\_\_

**Debtor Type:** \_\_\_\_\_ Corporation  
\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Joint Venture  
\_\_\_\_\_ State or Local Government  
\_\_\_\_\_ Other: \_\_\_\_\_

**Primary Debtor?** Yes No (Assumes Yes)**Any guarantors/co-signers etc.?** Yes No (Assumes No)

Please submit a separate Debtor Information Form for each Personal Guarantor

Debtor in Bankruptcy? Yes No

Date of Bankruptcy \_\_\_\_\_

Bankruptcy Title: 7 11 12 13 Unidentified

Date of last contact with debtor \_\_\_\_\_

Date of last demand letter \_\_\_\_\_

Debtor Response: \_\_\_\_\_ No Response

\_\_\_\_\_ Debt disputed Date: \_\_\_\_\_

\_\_\_\_\_ Debt acknowledged Date: \_\_\_\_\_

### Debt Information

**Agency** \_\_\_\_\_

Agency Debt Number \_\_\_\_\_

Debt Description:	Consumer	Commercial
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Debt Security:	Secured	Unsecured
----------------	---------	-----------

Debt Type:	Loan	Administrative
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**Administrative Classification:** \_\_\_\_\_ Grant  
 \_\_\_\_\_ Overpayment  
 \_\_\_\_\_ Fine  
 \_\_\_\_\_ Penalty  
 \_\_\_\_\_ Fee  
 \_\_\_\_\_ Employee Advance  
 \_\_\_\_\_ Miscellaneous Debt

**Program:** \_\_\_\_\_

**Date of Delinquency**

Original Value of Debt	\$
------------------------	----

**Balance at time of referral to the DMSC:**

<b>Principal</b>	<b>\$</b>
------------------	-----------

Financing Interest	\$
--------------------	----

<b>Additional Interest (Late Charge)</b>	\$
--	----

Administrative Cost	\$	\$
---------------------	----	----

<b>Penalty</b>	\$
----------------	----

<b>Total</b>	\$	
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**Type of Interest Rate:**   Financing Interest                      Additional Late Charge                      (Circle One)

Interest Rate	%
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**Date of last interest calculation**

**Has debt been referred to Private Collection Agency for 1st referral?** Yes No

Has debt been referred to Private Collection Agency for 2nd referral?	
Yes	No

<b>Is debt in judgment?</b>	Yes	No
-----------------------------	-----	----

(If yes to any of the above, please complete Additional Debt Information form)

### Contact for Debt Inquiries

**Contact Phone Number**

**Additional Debtor Information: Individual Debtor**

(one form for each debtor on debt)

Agency Debt Number \_\_\_\_\_

Debtor Name \_\_\_\_\_

TIN \_\_\_\_\_

**Relationship to Primary Debtor:**

Self	Spouse	Sibling	Parent	Other :
Owner	President	Vice-President	Shareholder	Other:

**Debtor's Association to Debt:**

Individual	Signer	Joint Account	Joint Contractual Liability
Deceased	Co-Signer	Authorized User	On-Behalf-Of

% Debt Owning \_\_\_\_\_%

Guarantor/Co-signer Name\* \_\_\_\_\_ \* Only if no debtor information form on co-debtor

Please submit a separate Debtor Information Form for each guarantor

Employer \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per: Hour Week Month Year Other: \_\_\_\_\_

Gross	Net	(Circle one)
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**Federal Employee Status**

Civilian Employee: Active Retired Not applicable/unknown

Military Employee: Active Retired Not applicable/unknown

Bank Name \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Phone \_\_\_\_\_

Account # \_\_\_\_\_

Account Type: Checking Savings Other: \_\_\_\_\_

Personal Property Information \_\_\_\_\_

Real Property Information \_\_\_\_\_

\_\_\_\_\_ Last Payment

Information Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Miscellaneous collection notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Debtor Information: Company/ State or Local Government Debtor**  
(one form for each debtor on debt)

Agency Debt Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
TIN \_\_\_\_\_

Debtor's Association to Debt:

Individual	Signer	Joint Account	Joint Contractual Liability
Deceased	Co-Signer	Authorized User	On-Behalf-Of

% Debt Owning \_\_\_\_\_

Guarantor/Co-signer Name\* \_\_\_\_\_ \* Only if no debtor information form on co-debtor  
Please submit a separate Debtor Information Form for each guarantor

Type of Business \_\_\_\_\_  
DUNS Number \_\_\_\_\_  
Date of Incorporation \_\_\_\_\_  
State of Incorporation \_\_\_\_\_  
Bank Name \_\_\_\_\_  
City, State, Zip, Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Account # \_\_\_\_\_  
Account Type:           Checking   Savings   Other: \_\_\_\_\_

Personal Property Information \_\_\_\_\_

Real Property Information \_\_\_\_\_

Last Payment Information           Date: \_\_\_\_\_           Amount \$ \_\_\_\_\_

Miscellaneous collection notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Debt Information**

Agency Debt Number \_\_\_\_\_

Basis of Claim:     \_\_\_\_\_ Claim evidenced by note, guarantee, surety obligation  
                          \_\_\_\_\_ Claim evidenced by statute or regulation  
Statute: \_\_\_\_\_

Original Award Date \_\_\_\_\_

Terms (of original loan)     \_\_\_\_\_ In # months (or years for housing loans)

Summary of Collection Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Credit Reporting Date \_\_\_\_\_

PCA(1) Name \_\_\_\_\_

PCA(1) Referral Date \_\_\_\_\_

Amount collected     \$ \_\_\_\_\_

PCA(2) Name \_\_\_\_\_

PCA(2) Referral Date \_\_\_\_\_

Amount collected     \$ \_\_\_\_\_

Date sent to DOJ \_\_\_\_\_

Judgment Date \_\_\_\_\_

Judgment Type:     Default     Consent     Summary     Other: \_\_\_\_\_

Judgment Amount     \$ \_\_\_\_\_

Date Written-Off \_\_\_\_\_

Amount Written-Off     \$ \_\_\_\_\_

Other collection actions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold.***

## DEBTOR PROFILE FORM

### FOR JUDGMENT DEBT

#### **Individual Debtor**

*(Please complete one form for each debtor on debt)*

**\*Associated Agency Debt Number** \_\_\_\_\_

TIN \_\_\_\_\_

**\*Last Name** \_\_\_\_\_

**\*First Name** \_\_\_\_\_

Middle Initial \_\_\_\_\_

Generation: Jr.      Sr.      I      II      III      IV      V      (Circle 1)

Gender:      Male      Female      Unknown      (Circle 1)

AKA / FKA / DBA \_\_\_\_\_

**\*Address Line 1** \_\_\_\_\_

Address Line 2 \_\_\_\_\_

**\*City** \_\_\_\_\_

**\*State** \_\_\_\_\_

**\*Zip Code** \_\_\_\_\_

Phone \_\_\_\_\_

**\*Primary Debtor?**                      Yes              No      (Assumes Yes)

**\*Any guarantors/co-signers etc.?**      Yes              No      (Assumes No)

*Please submit a separate Debtor Information Form for each additional responsible party*

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Debtor in Bankruptcy?      Yes              No      (Circle 1)

Date of Bankruptcy \_\_\_\_\_

Bankruptcy Title:      7              11              12              13              Unidentified      (Circle 1)

Date of last contact with debtor \_\_\_\_\_

Date of last demand letter \_\_\_\_\_

Debtor Response:      \_\_\_\_\_      No Response      Date: \_\_\_\_\_  
   \_\_\_\_\_      Debt disputed      Date: \_\_\_\_\_  
   \_\_\_\_\_      Debt acknowledged      Date: \_\_\_\_\_

***\*Indicates mandatory information.***

## DEBTOR PROFILE FORM FOR JUDGMENT DEBT

### **Company/ State or Local Government Debtor**

*(Please complete one form for each debtor on debt)*

**\*Associated Agency Debt Number** \_\_\_\_\_

TIN \_\_\_\_\_

**\*Company Name** \_\_\_\_\_

Company Contact \_\_\_\_\_  
\_\_\_\_\_

AKA / DBA \_\_\_\_\_

**\*Address Line 1** \_\_\_\_\_

Address Line 2 \_\_\_\_\_

**\*City** \_\_\_\_\_

**\*State** \_\_\_\_\_

**\*Zip Code** \_\_\_\_\_

Phone \_\_\_\_\_

**\*Debtor Type:**

_____	Corporation
_____	Sole Proprietorship
_____	Partnership
_____	Joint Venture
_____	State or Local Government
_____	Other: _____

**\*Primary Debtor?** Yes No (Assumes Yes)

**\*Any guarantors/co-signers etc.?** Yes No (Assumes No)

Please submit a separate Debtor Information Form for each Personal Guarantor

Debtor in Bankruptcy?	Yes	No			
Date of Bankruptcy	_____				
Bankruptcy Title:	7	11	12	13	Unidentified

Date of last contact with debtor \_\_\_\_\_

Date of last demand letter \_\_\_\_\_

Debtor Response:	_____	No Response	Date:	_____
	_____	Debt disputed	Date:	_____
	_____	Debt acknowledged	Date:	_____

***\*Indicates mandatory information.***

## DEBT PROFILE FORM FOR JUDGMENT DEBT

### Debt Information

Agency \_\_\_\_\_

Agency Debt Number \_\_\_\_\_

Debt Description: Consumer      Commercial

Debt Security: Secured      Unsecured

Debt Type: Loan      Administrative

Judgment Type: Default Consent      Summary      Other: \_\_\_\_\_

Administrative Classification: \_\_\_\_\_ Grant  
\_\_\_\_\_ Overpayment  
\_\_\_\_\_ Fine  
\_\_\_\_\_ Penalty  
\_\_\_\_\_ Fee  
\_\_\_\_\_ Employee Advance  
\_\_\_\_\_ Miscellaneous Debt

Program: \_\_\_\_\_

Date of Delinquency \_\_\_\_\_

Date of Judgment \_\_\_\_\_

Judgment Amount \$ \_\_\_\_\_

Type of Interest Rate: Financing Interest      Additional Late Charge      Post-Judgment      (Circle One)

Interest Rate \_\_\_\_\_%

Date of last interest calculation \_\_\_\_\_

### Balance at time of referral to the DMSC:

Principal/ Disgorgement \$ \_\_\_\_\_

Financing Interest/ Pre-judgment Interest \$ \_\_\_\_\_

Additional Interest (Late Charge)/ Post-judgment int. \$ \_\_\_\_\_

Administrative Cost \$ \_\_\_\_\_

Penalty \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Has debt been referred to Private Collection Agency for 1st referral? Yes      No

Has debt been referred to Private Collection Agency for 2nd referral? Yes      No

(If yes to any of the above, please complete Additional Debt Information form)

Is Debt Joint and Several?      Yes      No

If yes, list with whom and related debt amount.

<u>Debtor Name</u>	<u>Debt Amount</u>
_____	_____
_____	_____

Is Debt related to an existing FMS referral? Yes      No

If yes, list debt/ debtor \_\_\_\_\_

Are related debts also being referred?      Yes      No

If yes, list debt/ debtor \_\_\_\_\_

Contact for Debt Inquiries \_\_\_\_\_ Contact Phone Number \_\_\_\_\_



## DEBTOR PROFILE FORM

### FOR JUDGMENT DEBT

#### Additional Debtor Information: Individual Debtor

(one form for each debtor on debt)

Agency Debt Number \_\_\_\_\_

Debtor Name \_\_\_\_\_

TIN \_\_\_\_\_

Relationship to Primary Debtor:

Self Spouse Sibling Parent Other : \_\_\_\_\_

Owner President Vice-President Shareholder Other: \_\_\_\_\_

Debtor's Association to Debt:

Individual Signer Joint Account Joint Contractual Liability

Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning \_\_\_\_\_

Guarantor/Co-signer Name\* \_\_\_\_\_ \* Only if no debtor information form on co-debtor

Please submit a separate Debtor Information Form for each guarantor

Employer \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per: Hour Week Month Year Other: \_\_\_\_\_

Gross Net (Circle one)

#### Federal Employee Status

Civilian Employee: Active Retired Not applicable/unknown

Military Employee: Active Retired Not applicable/unknown

Bank Name \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Phone \_\_\_\_\_

Account # \_\_\_\_\_

Account Type: Checking Savings Other: \_\_\_\_\_

Personal Property Information \_\_\_\_\_

Real Property Information \_\_\_\_\_

Last Payment Information Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Known Relatives \_\_\_\_\_

Miscellaneous collection notes \_\_\_\_\_

## DEBTOR PROFILE FORM

### FOR JUDGMENT DEBT

**Additional Debtor Information:** *Company/ State or Local Government Debtor*  
(one form for each debtor on debt)

Agency Debt Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
TIN \_\_\_\_\_

Debtor's Association to Debt:

Individual	Signer	Joint Account	Joint Contractual Liability
Deceased	Co-Signer	Authorized User	On-Behalf-Of

% Debt Owning \_\_\_\_\_

Guarantor/Co-signer Name\* \_\_\_\_\_ \* Only if no debtor information form on co-debtor  
Please submit a separate Debtor Information Form for each guarantor

Type of Business \_\_\_\_\_  
DUNS Number \_\_\_\_\_  
Date of Incorporation \_\_\_\_\_  
State of Incorporation \_\_\_\_\_  
Officers of Business \_\_\_\_\_

Bank Name \_\_\_\_\_  
City, State, Zip, Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Account # \_\_\_\_\_  
Account Type:              Checking      Savings      Other: \_\_\_\_\_

Personal Property Information \_\_\_\_\_  
Real Property Information \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Last Payment Information    Date: \_\_\_\_\_      Amount \$ \_\_\_\_\_

Miscellaneous collection notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEBTOR PROFILE FORM

### FOR JUDGMENT DEBT

#### **Additional Debt Information**

Agency Debt Number \_\_\_\_\_

Basis of Claim:     \_\_\_\_\_ Claim evidenced by note, guarantee, surety obligation  
                          \_\_\_\_\_ Claim not evidenced by note but by the following statute or regulation:  
                          \_\_\_\_\_

Original Award Date \_\_\_\_\_

Terms (of original loan)     \_\_\_\_\_ In # months (or years for housing loans)

Summary of Collection Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Credit Reporting Date \_\_\_\_\_

PCA(1) Name \_\_\_\_\_

PCA(1) Referral Date \_\_\_\_\_

Amount collected     \$ \_\_\_\_\_

PCA(2) Name \_\_\_\_\_

PCA(2) Referral Date \_\_\_\_\_

Amount collected     \$ \_\_\_\_\_

Date sent to DOJ \_\_\_\_\_

Date returned from DOJ \_\_\_\_\_

DOJ Actions \_\_\_\_\_

Date Written-Off \_\_\_\_\_

Amount Written-Off     \$ \_\_\_\_\_

Other collection actions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold.***